

California's Coordinated Care Initiative

Advocate Presentation
February 2014



Medicare and Medi-Cal Today



- Doctors
- Hospitals
- Prescription drugs



- Long-term services and supports
- Medicare wrap around
- Durable medical equipment

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Medicare and Medi-Cal are two different government programs to provide health care. Medicare is for seniors and those under 65 with certain disabilities, such as end-stage renal disease and ALS. Medi-Cal is for low-income Californians. There are some Californians who qualify for BOTH programs, called Medi-Medi or dual eligible beneficiaries. They receive complementary services from each program. Medicare covers the primarily medical services, and Medi-Cal wraps additional services around that: help with transportation, vision, dental, cost sharing, long-term care, and DME. Medi-Cal also covers long-term services and supports such as in-home supportive services (IHSS), community-based adult services (CBAS), the Multipurpose Senior Services Program (MSSP) and nursing home care.

The Necessity of Coordinated Care

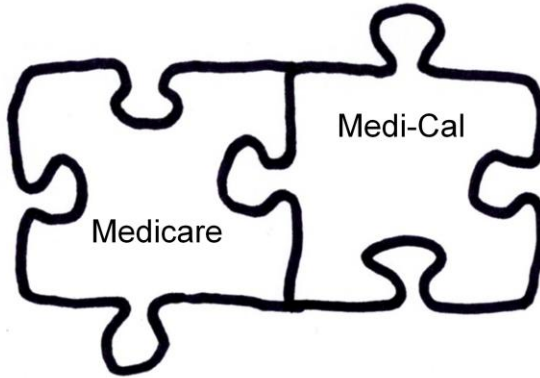
- Some people with multiple chronic conditions see many different doctors and have multiple prescriptions.
- This is common among people with both Medicare and Medi-Cal (Medi-Medi or dual eligible beneficiaries) who are often sicker and poorer than other beneficiaries.
- Today's care delivery system doesn't always support the care coordination many people need. This leads to increased risk of admission to the hospital or nursing home.

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The health care system is very fragmented for those “Medi-Medis” or “duals” who receive both Medicare and Medi-Cal. The programs pay for different but complementary services, but there is no incentive in the current system to help coordinate that care or share information between a beneficiary's provider. This can be a critical issue as many of these beneficiaries are our most vulnerable.

Cal MediConnect

- Right Care
- Right Time
- Right Place



The goal of Cal MediConnect is to bring Medicare and Medi-Cal services together in one health plan, and to support beneficiaries with care coordination to ensure that they receive the right care at the right time in the right place. Whether that means helping keep people in their home and community, or helping them transition from the hospital to a nursing facility, Cal MediConnect is designed to provide person-centered care.

The Coordinated Care Initiative: Where



*Participation in Orange County pending readiness reviews.

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These changes, and this new program will be in 8 different counties

The Coordinated Care Initiative: Two Parts

Cal MediConnect

Who: many full dual eligible beneficiaries

- Optional
- Combines Medicare and Medi-Cal benefits into one managed care health plan
- Additional services, including care coordination

Medi-Cal

Managed Long-Term Services and Supports (MLTSS)

Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal

- Mandatory
- Beneficiaries will now receive Medi-Cal benefits through a managed care health plan, including LTSS and Medicare wrap-around.

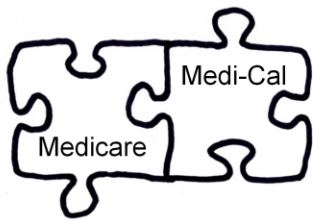
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Many dual eligible beneficiaries in participating counties will be eligible to enroll in a new program – Cal MediConnect. This program is optional, and beneficiaries will have a choice of plans that will combine their Medicare and Medi-Cal benefits and provide additional benefits and services, including care coordination.

Those who are not eligible for Cal MediConnect, or who opt out, will still have to choose a Medi-Cal managed care plan to receive their long-term services and supports. Their Medicare benefits will not change, whether they are in FFS or a Medicare Advantage plan.

Cal MediConnect

- Who: dual eligible beneficiaries
- Optional



- All of the Original Medicare and Medi-Cal services beneficiaries currently receive, but combined into one health plan
- One number to call for all your needs
- Additional vision benefit
- Additional transportation benefit
- Access to Interdisciplinary Care Team
- Access to care manager
- Coordinated care

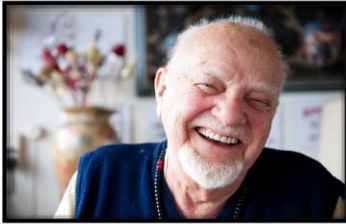
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Cal MediConnect is a new program that will combine Medicare and Medi-Cal benefits into one managed care plan. This means that beneficiaries will have one number to call with questions about all their needs from medical care to long term care. No more wondering if a service is Medi-Cal or Medicare.

Cal MediConnect plans will offer additional benefits to beneficiaries. They'll have access to supplemental vision and transportation benefits. And the plan will provide additional care coordination support for those beneficiaries who need it.

Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional



Why I Will Choose a Cal MediConnect Plan: Jim

“I like getting all my care from one Plan. It’s why I chose Cal MediConnect. My Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same Plan. I call just one phone number for help.”

Cal MediConnect

Key Benefits for Consumers

- Support for coordinating care for beneficiaries, including a plan care coordinator
 - All beneficiaries will receive a health risk assessment, to help them and their providers develop, if appropriate, an individualized care plan
 - Interdisciplinary care teams will be available to help manage and coordinate care
- Additional Services:
 - Beneficiaries will receive supplemental vision and transportation benefits
 - Plans can offer additional services (known as care plan options) beyond the Medi-Cal benefit package

Cal MediConnect Cost and CoPays

- There are no additional costs associated with joining a Cal MediConnect plan or MLTSS plan.
- Check with the Cal MediConnect plan about costs associated with Medicare Part D.
- Copays will be the same as they are now.
 - If an individual is a Medi-Medi this means they should currently not be billed from their provider, and this will remain the same under Cal MediConnect.

People not eligible for Cal MediConnect

You can't join Cal MediConnect if you:

- Are younger than 21.
- Receive developmental disability waiver services from a Regional Center.
- Do not meet your Medi-Cal share of cost, if you have one.
- Have End-Stage Renal Disease (ESRD), except in San Mateo County.
- Have other health coverage, such as retirement, veterans or private coverage.
- Live in a veterans home.
- Receive services through one of the following waiver programs: Nursing Facility/Acute Hospital, HIV/AIDS, Assisted Living, or In Home Operations (you must disenroll from these programs to enroll in Cal MediConnect, you will not be passively enrolled).
- Are enrolled in PACE (you must disenroll to be eligible for the Cal MediConnect; will not be passively enrolled).
- Live in some rural zip codes in Los Angeles, Riverside and San Bernardino Counties.

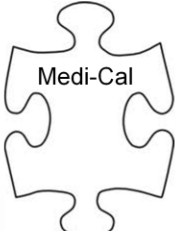
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Excluded zip codes:

Los Angeles County: 90704

Riverside County: 92225, 92226, 92239

San Bernardino County: 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 92280, 93592, 92558

<h2 style="text-align: center;">Medi-Cal</h2> <p style="text-align: center;">Managed Long-Term Services and Supports</p>	<ul style="list-style-type: none"> • Same Medi-Cal services beneficiaries currently receive • Medi-Cal long-term services and supports (MLTSS) will now be provided through managed care plans • This impacts both beneficiaries not eligible for Cal MediConnect and beneficiaries who opt out of Cal MediConnect
<ul style="list-style-type: none"> • Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations • Mandatory <div style="text-align: center;">  </div>	

Beneficiaries who are not eligible for Cal MediConnect or who choose to opt out will still need to enroll in a Medi-Cal managed care plan for their long-term services and supports. This part of the CCI is known as MLTSS, which stands for “managed long-term services and supports.” Medi-Cal benefits will not change under MLTSS, it will just be provided through managed care plans. Beneficiaries will receive some supplemental vision benefits. Their Medicare benefits will remain the same, whether they are delivered through Medicare FFS or Medicare Advantage.

Medi-Cal

Managed Long Terms
Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations
- Mandatory



Why I Will Enroll in Only a Medi-Cal Plan: Mary

"I knew I had to pick a Medi-Cal plan. I was also eligible for Cal MediConnect, but I wanted to keep my Medicare services as they are now. So I joined just a Medi-Cal health plan. It's separate from Medicare. When I see my primary care doctor or need any Medicare services, I still use my Medicare card. The Medi-Cal plan pays my extra Medicare costs."

PACE
Program of All-inclusive
Care for the Elderly

- Who: Medi-Medi beneficiaries and Medi-Cal beneficiaries
- Option available to those who are determined eligible

You may be eligible to enroll in a PACE program

If you:

- Are 55 or older
- Live in your home or community setting safely
- Need a high level of care for a disability or chronic condition
- Live in a ZIP code served by a PACE health plan

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One option for those who do not want to go into Cal MediConnect is the PACE program. PACE is a health plan exclusively for seniors who need coordinated medical care to continue living as independently as possible at home. This is available only to some Medi-Medi beneficiaries. It is similar to Cal MediConnect in that it combines Medicare and Medi-Cal services to help provide care coordination to beneficiaries, but it has more restrictions than Cal MediConnect.

Medi-Medi Beneficiaries

Three
options:

1. Enroll in Cal MediConnect

- Combine Medicare and Medi-Cal benefits under one plan

2. Opt out of Cal MediConnect

- Medicare remains the same (fee-for-service or Medicare Advantage plan)
- Beneficiaries **must** enroll in a Medi-Cal plan for their Medi-Cal benefits

3. Enroll in PACE

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Under the Coordinated Care Initiative, Medi-Medi beneficiaries who are eligible for Cal MediConnect must decide if they want to enroll in a Cal MediConnect plan, or opt out of CMC and enroll in a Medi-Cal plan, or see if they are eligible to enroll in a PACE plan.

Medi-Cal Only Beneficiaries

Those who are not eligible for Cal MediConnect or who opt out still must enroll in a Medi-Cal managed care plan.

Your Options:

1. Enroll in Medi-Cal managed care plan

- All current Medi-Cal benefits
- IHSS, CBAS, MSSP and nursing facility care
- Non-emergency medical transportation
- Medicare share of cost, wrap-around benefits

2. Enroll in PACE

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Medi-Cal beneficiaries in CCI counties who are not eligible for Cal MediConnect or who opt out simply must enroll in a Medi-Cal managed care plan if they are not already in managed care.

The Medi-Cal managed care plan, for Medi-Cal only beneficiaries, will cover all current Medi-Cal benefits (excluding dental, if the beneficiary qualifies, which is covered through Denti-Cal)

Cal MediConnect Plan Options

Los Angeles

- Care1st, CareMore, Health Net, LA Care and Molina Health

Orange*

- CalOptima

San Diego

- Care 1st, Community Health Group, Health Net and Molina Health

San Mateo

- Health Plan of San Mateo

Alameda

- Alameda Alliance and Anthem Blue Cross

Santa Clara

- Anthem Blue Cross and Santa Clara Family Health Plan

San Bernardino

- Inland Empire Health Plan and Molina Health


Riverside

- Inland Empire Health Plan and Molina Health

*Participation in Orange County pending readiness reviews.

The health plan options in each county are different.

When to Expect Notices

-  Most beneficiaries will receive notices **90, 60, and 30 days** prior to their coverage date.
- Beneficiaries in Medi-Cal managed care who are NOT eligible for Cal MediConnect will receive **one notice** prior to the change in their benefit package as MLTSS is added to their existing plan.
- Cal MediConnect official information from the state will only arrive in **blue envelopes**.

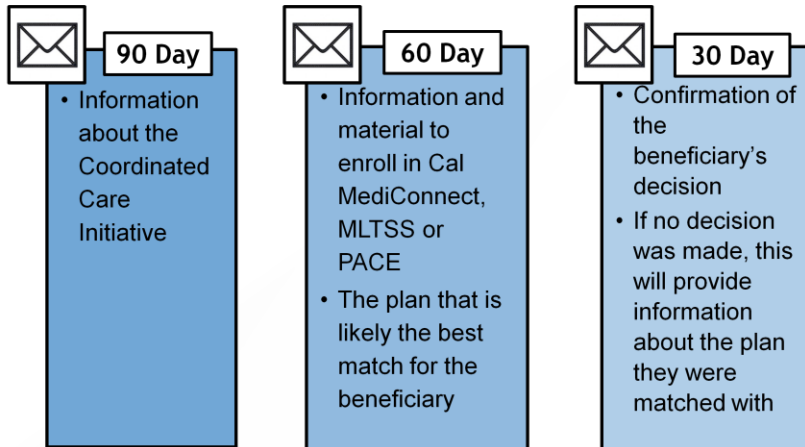
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Most beneficiaries will receive three notices prior to their coverage date – this is for beneficiaries who are eligible for Cal MediConnect and beneficiaries who are currently enrolled in Medi-Cal fee-for-service. Beneficiaries who are already in Medi-Cal managed care plans and will only see their LTSS benefits move to the managed care plan will receive a notice 45 days before that occurs.

Coverage dates for individuals will vary by county and by eligibility status. For many it will be their birth month.

Cal MediConnect official information will arrive in blue envelopes. Beneficiaries in San Mateo County will receive notices from their local health plan. MLTSS eligible beneficiaries in other counties will receive regular notices from the state.

Choosing a Plan: The Notices



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Beneficiaries who will need to select a new plan will receive three different notices. This is the same for Cal MediConnect and MLTSS – EXCEPT for those who are not eligible for Cal MediConnect, are already in a managed care plan, and will receive one 45-day notice.

The first, sent 90 days ahead of the beneficiary's coverage date, will alert them to the coming change.

The second notice, sent 60 days ahead, will be a large packet with information to help beneficiaries select a plan. This will include a plan that is the best match for a beneficiary based on how many of their current providers are included in a plan's provider network. This is designed to help smooth continuity of care.

The third notice, sent 30 days ahead, will provide the beneficiary with information about their specific plan. This will be the plan the beneficiary has chosen based on the 60 day notice. If a beneficiary did not make a selection, it will be the plan that was the best match.



The three-notice process is the same for Cal MediConnect and MLTSS. The 60 day notice for Cal MediConnect eligible beneficiaries will contain information about MLTSS plans in the event the beneficiary chooses to opt out of Cal MediConnect.

Choosing a Plan: Who to Call

- Resources to help a beneficiary choose between plans:
 - The Health Insurance Counseling and Advocacy Program (HICAP): 1-800-434-0222 or [INSERT County HICAP office name and number]
 - Health Care Options: (844) 580-7272 or TTY: (800) 430-7077
 - Medicare.gov > Plan Finder or 1-800-Medicare

Choosing a Plan: What to Do

To choose one of the plans or to opt out of Cal MediConnect, a beneficiary can:

-  **Mail**
 - Mail back the 60 Day notice with their choice
-  **Call**
 - They can call Health Care Options at (844) 580-7272 and tell a customer service representative their choice

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Beneficiaries don't need to do anything until they receive their 60 day notice. The 60 day notice will include a choice form that beneficiaries can use to select a Cal MediConnect plan or to opt out of Cal MediConnect. If a beneficiary wishes to opt out of Cal MediConnect, they will still need to use their choice form to select a Medi-Cal managed care plan.

Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
 - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
 - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
 - People will receive full Medicare and Med-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
 - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
 - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

Consumer Protections: Who To Call

- If a beneficiary has a complaint, their first contact should be the plan. Plans will have internal appeals and grievance procedures.
- If a beneficiary cannot resolve their complaint with the plan, they have several options:

Cal MediConnect Ombudsman Program (Starting April 2014)	(855) 501-3077
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Medi-Cal Managed Care Ombudsman	(888) 452-8609
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Office of the Patient Advocate	(866) 466-8900
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These numbers are just for beneficiaries with questions once they are already in a Cal MediConnect or Medi-Cal managed care plan to handle disputes with their plans over benefits or providers.

Continuity of Care: Doctors

- If their doctor is not in one of the plans in their county, a beneficiary can work with the doctor and the health plan to continue to receive their services.

- **Continuity of Care**

- Medicare services – up to 6 months
- Medi-Cal services – up to 12 months

- After the 6 or 12 months, if their doctor does not join the network, the beneficiary will need to choose a provider in-network.

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Continuity of care protections are for primary and specialty doctors (eg cardiologists, ophthalmologists, and pulmonologists), NOT providers of ancillary services like durable medical equipment (DME) or transportation.

To be eligible for continuity of care, you and your doctor must have an existing relationship (you must have seen them twice in the 12 months prior to enrollment) and the provider must agree to payment terms equivalent to Medicare and Medi-Cal fee schedule or the plan's payment schedule (whichever is higher).

Continuity of Care: Other Providers

- Beneficiaries don't have to change LTSS providers.
- Beneficiaries have the right to continue to receive other needed services, even if they may no longer be able to receive them from the same provider.
- Eventually, beneficiaries must get all covered services from in-network providers.
- Beneficiaries may have to get ancillary services from new providers, including medical supplies, medical equipment, transportation, home health, or physical therapy.

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In Cal MediConnect, if you are already in a nursing facility, you will be able to stay in your facility even if it is not a part of the plan's network.

In Cal MediConnect and MLTSS, if you have IHSS providers, you do not have to change those IHSS providers and you can still hire, fire and manage your providers.

Plans must contract with CBAS and MSSP programs.

Consumer Protections: Plan Readiness

- Ensuring Cal MediConnect and MLTSS plans are ready to provide a seamless transition for beneficiaries is a top priority.
- Plans have undergone thorough readiness reviews prior to beneficiary enrollment including on-site visits and desk reviews.
- California and CMS are continuing to watch very closely to ensure that the plans stay up to date with networks, systems, and resources.

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Ensuring a smooth transition during CCI implementation is critical given that the beneficiaries impacted are some of the most vulnerable.

Questions or Comments

- Visit CalDuals.org
- Email info@calduals.org
- Twitter @CalDuals
- Contact your local HICAP: 1-800-434-0222
- Health Care Options: (844) 580-7272
or TTY: (800) 430-7077

